

Exhibit B



Example of a Medical Referral (WPATH) Letter

8/16/23

Example Client – Gender Confirmation Surgery (GCS) Informed Consent

To Whom it May Concern:

This letter is to serve as documentation that my client, Example Client (legally Exo Client; DOB: 00/00/0000), meets the criteria for hormone therapy as part of the gender affirmation process. I have worked with Example within the scope of GenderNexus, a local organization established specifically to support the needs of transgender and gender expansive communities, to provide this assessment.

Example is a 17-year-old White transgender man who was assigned female at birth. He has experienced gender dysphoria since puberty. This dysphoria is triggered by the physical effects of estrogen on Example's body and is not a condition of any mental health disorder. This dysphoria creates ongoing stress and impacts his ability to function at work, school, and home. Example reported that dysphoria has resulted in struggling to shower regularly, attend work as scheduled, and attend school. He struggles to leave his home in general. Example has been socially transitioning since age 13-years-old. As a young child, he displayed strong preferences for stereotypically masculine activities and clothing. He currently binds his chest daily during all waking hours and is unable to leave his bedroom without binding his chest. He also wears a packer daily.

Example does not have any mental health or medical disorders that will impact hormone therapy.

Example and his guardian have the capacity to make fully informed decisions and consent to his treatment. At this time, Example and his guardian have chosen to pursue hormone therapy to help him transition. Example and his guardian expressed realistic expectations and an understanding of the potential risks and benefits of hormone therapy. He has insurance coverage to cover the cost of treatment.

Example meets the DSM-5-TR criteria for gender dysphoria (ICD-10 F64.0). Thus, hormone therapy is a necessary medical intervention for the gender affirmation process as outlined in the World Professional Association for Transgender Health (WPATH) Standards of Care v.8.

If you need any additional information or would like to collaborate on Example's care, I can be reached at (317) [REDACTED] or [REDACTED].

Sincerely,

Licensed Professional or 2nd year MSW Intern (LCSW also signs letters completed by interns)
Care Coordinator
GenderNexus